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FEC FORM 2

STATEMENT OF CANDIDACY

1.											
	(a) Name of Candidate (in full)										
	Atkinson, James, Fredrick, ,										
	(b) Address (number and street) 419 Nevin St	changed		Candidate's FEC Identification Number H4PA11094							
	(c) City, State, and ZIP Code					3. Is This	New			Amended	
	Lancaster		PA	17603	3	Statement	× (N)	OR		A)	
4.	Party Affiliation	5. Office Sought				rict of Candidate					
	DEMOCRATIC PARTY	House			PA	11					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
Atkinson For Congress Campaign Committee											
	(b) Address (number and street)										
	419 Nevin St										
	(c) City, State, and ZIP Code										
	Lancaster				PA	17603					
	DE	SIGNATION					ES				
		(In	cluding Joint F	undraisin	g Representative	es)					
8.	I hereby authorize the following name candidacy.	ed committee, w	hich is NOT m	ny principa	al campaign con	nmittee, to receiv	ve and expen	d funds	on beha	lf of my	
	NOTE: This designation should be f	led with the princ	cipal campaigr	o committe	ee.						
	(a) Name of Committee (in full)										
	(b) Address (number and street)										
	(a) City Chate and ZID Code										
	(c) City, State, and ZIP Code										
	(c) City, State, and ZIP Code										
	(c) City, State, and ZIP Code I certify that I have exa	mined this State	ment and to the	e best of ı	my knowledge a	nd belief it is tru	e, correct and	d comple	ete.		
Si		mined this Statel	ment and to th	e best of I	my knowledge a	nd belief it is tru	e, correct and	d comple	ete.		
	I certify that I have exa	mined this Stater	ment and to th	e best of I	my knowledge a		e, correct and	d comple	ete.		
	I certify that I have exa	mined this Stater	ment and to th	e best of I	ny knowledge a	Date	e, correct and	d comple	ete.		
	I certify that I have exa	mined this Statel	ment and to th	e best of I	my knowledge a	Date	e, correct and	d comple	ete.		
A	I certify that I have exa					Date 01/29/2024					
A	I certify that I have exa gnature of Candidate tkinson, James, , ,					Date 01/29/2024					
A	I certify that I have exa gnature of Candidate tkinson, James, , ,					Date 01/29/2024				7g.	

FEC FORM 2 (REV. 02/2009)